

ANNUAL REPORT FISCAL YEAR 2002

HEALTH STRATEGIES COUNCIL OF GEORGIA

**appointed by the Governor
to advise and support the health planning mission of the**



January 2003

FROM THE CHAIRMAN

Governor Sonny Perdue
Lt. Governor Mark Taylor
Members, Georgia General Assembly
Members, Board of Community Health
Commissioner Gary B. Redding

Ladies and Gentlemen:

On behalf of the Health Strategies Council, I am pleased to present our Annual Report for Fiscal Year 2002. This report represents the hard work of former members of the Council and the thoughtful contributions of many new members who were appointed during this fiscal year.

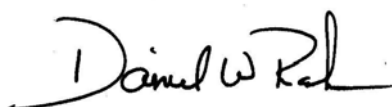
This year has been an exciting and productive year of transition and learning. Twenty-seven (27) members were appointed to the Council in February 2002. The vast majority of members were new to the Council and its unique planning and regulatory role. The members have been eager to learn and have engaged in various orientation and educational opportunities. In a few short months, we have had the opportunity to provide leadership on planning efforts in areas ranging from technologically sophisticated diagnostic equipment to assessing utilization patterns in acute care hospitals. Following the tragic national events of September 11, 2001, each of us has been touched by the importance of promoting and providing quality health care and emergency response to all of our fellow citizens. The Health Strategies Council provides a venue through the state's health planning process to improve the capacity, quality, impact, and value of our health care system.

During FY2002, the Council developed several new components of the state health plan and comprehensively restructured its bylaws and operating practices. The group has initiated aggressive efforts to retool a number of outdated plans of significant importance. Many of these health planning areas are filled with thorny issues. Council members have shown a collective wisdom and willingness to tackle these challenges in ways that represent the best interests of all Georgians. The success of Georgia's health planning process may be attributed most directly to the outstanding individuals who serve voluntarily on our technical advisory committees. This year, more than 70 individuals, ranging from nationally recognized practitioners to provider agencies, regulators and advocates, gave of their time and talents to improve our state's health care system. We thank these individuals and organizations for their guidance and thoughtful input. I extend special appreciation to our Council vice-chair, Elizabeth Brock, and to the Council members who have chaired our technical advisory committees: Clay Campbell, Kay Wetherbee, Jim Peak, and Kurt Stuenkel.

During this transition year, we have benefited from the wise stewardship of former Council members. We are particularly grateful for the outstanding leadership provided by Francis J. Tedesco, MD, president-emeritus of the Medical College of Georgia and long-time chairman of the Health Strategies Council. Commissioner Redding and his staff provide us with outstanding counsel and support. We appreciate the mutual respect our Council enjoys with the Department and the Board of Community Health.

Thank you for the guidance and support you provide to us in our role as Health Strategies Council members and as health care consumers, providers, educators, and advocates. We appreciate the confidence you bestow upon us by allowing us to serve.

Sincerely,



Daniel W. Rahn, MD
Chairman

COUNCIL MEMBERS

Members of the Health Strategies Council are appointed by the Governor to represent various health care interests. Members of the Health Strategies Council and their respective affiliations and categories of representation as of June 30, 2002, are as follows:

<u>Member and Affiliation</u>	<u>Category of Representation</u>
Daniel W. Rahn, MD, Council Chair President, Medical College of Georgia	Member at Large
Elizabeth P. Brock, Council Vice-Chair President, Pallets Incorporated	Health Care Needs of Small Business
William G. Baker, Jr., MD Executive Director, Atlanta Regional Health Forum, Inc.	Health Care Needs of Low-Income Persons
Honorable Glenda M. Battle, RN, BSN Decatur County Commissioner, Bainbridge Association County Commissioners of GA	County Governments
Harve R. Bauguess President, Bauguess Management Company, Inc.	Health Care Providers – Nursing Homes
David M. Bedell, DVM Chairman, Tift County Board of Health	Health Care Needs of Older Persons
Edward J. Bonn, CHE President/CEO, Southern Regional Health System	Health Care Providers – Urban Hospitals
Anthony J. Braswell	Health Care Needs of Populations with Special Access Problems
Tary L. Brown CEO, Albany Area Primary Health Care, Inc.	Health Care Providers – Primary Care Centers
W. Clay Campbell Executive Vice President, Archbold Medical Center Agencies	Health Care Providers – Home Health
Nelson B. Conger, DMD Dentist, Dalton	Health Care Providers – Primary Care Dentist
Katie Foster Regional Director, Service Employees International Union	Health Care Needs of Organized Labor
Charlene M. Hanson, EdD, FNP Professor Emerita, Family Nurse Practitioner Georgia Southern University	Health Care Providers – Nurse Practitioner
Sonia F. Kuniansky Director, DeKalb Developmental Disabilities Council	Health Care Needs of Persons with Disabilities
Reverend Ike E. Mack Pastor, Unionville Baptist Church, Warner Robins	Member at Large
Felix T. Maher, DMD Dentist, Savannah	Health Care Providers – Primary Care Dentist

Julia L. Mikell, MD Neurologist/Physician, Neurological Institute of Savannah	Health Care Providers – Specialty Physician
James C. Peak CEO, Memorial Hospital & Manor	Health Care Needs of Populations with Special Access Problems
Honorable Evelyn Turner Pugh Vice President, Community Relations, SunTrust Bank Columbus/Muscogee City Councilor	Health Care Needs of Large Business
Raymer Sale, Jr. President, Multiple Benefits Corporation Lawrenceville	Private Insurance Industry
Toby D. Sidman President, Georgia Breast Cancer Coalition & Fund	Health Care Needs of Women
Cathy P. Slade Director, Georgia Medical Center Authority	Health Care Needs of Populations with Special Access Problems
Oscar S. Spivey, MD Professor and Chairman Emeritus of Pediatrics Mercer University School of Medicine	Health Care Needs of Children
Tracy Michele Strickland Associate, Life Science Practice Group, Spencer Stuart	Member at Large
Kurt Stuenkel, FACHE President & CEO, Floyd Medical Center	Health Care Providers – Rural Hospitals
Kay L. Wetherbee, RN Principal, Encounter Technology	Health Care Providers – Registered Nurse
David M. Williams, MD President/CEO, Southside Medical Center Physician	Health Care Providers – Primary Care

The terms of the following members expired during this fiscal year. These individuals provided many years of faithful stewardship to the Health Strategies Council. They are to be commended for their many contributions to Georgia's health planning and policy development process.

Francis J. Tedesco, MD, President-Emeritus, Medical College of Georgia, Augusta, *former Council Chair*

Joan Anderson, RN, Canton

Troy Athon, Starcrest, Inc., Greensboro

Neal Brook, AHS and Associates, Augusta

Henry Cook, DDS, Columbus

Iris Feinberg, Executive Director, I Systems, Decatur

Lola Fitzpatrick, Columbus

Lenora Ginn, City Council Member, Barnesville

John Smith, III, Executive Director, Housing Initiatives of North Fulton, Roswell

David Tatum, Director, Government Affairs, Children's Healthcare of Atlanta, Atlanta

John (Howdy) Thurmond, Migrant Ministry, Fort Valley

Robert Tucker, III, MD, Alpharetta

Lewis Williams, DDS, Athens

OVERVIEW

The Health Strategies Council is responsible for developing Georgia's State Health Plan and addressing policy issues concerning access to health care services. The members of the Council are appointed by the Governor and represent a wide range of health care and consumer interests. The Council focuses on providing policy direction and health planning guidance for the Division of Health Planning, the Office of General Counsel, and, where appropriate, the Department of Community Health as a whole.

The functions of the Council are set forth in O.C.G.A. 31-6-21 and call for the Council to:

- Adopt the state health plan and submit it to the [Board of Community Health] for approval which shall include all of the components of the council's functions and be regularly updated;
- Review, comment on, and make recommendations to the department on the proposed rules for the administration of [the law]...;
- Conduct an ongoing evaluation of Georgia's existing health care resources for accessibility, including but not limited to financial, geographic, cultural, and administrative accessibility, quality, comprehensiveness, and cost;
- Study long-term comprehensive approaches to providing health insurance to the entire population; and
- Perform such other functions as may be specified for the council by the department or the board.

The Council serves as a facilitator and provides a forum for public debate on policy decisions affecting health care and the structure of Georgia's delivery system. To fulfill its broad mission, the Council holds quarterly public meetings and regularly convenes committees of providers, advocates and technical experts to advise members on health plan changes and improvements.

Since becoming part of the state's broad health care mission under the Department of Community Health, the Council and the State Health Plan have been evolving to reflect the expanded role and scope of comprehensive planning for the well being of Georgia's citizens. Planning efforts seek to incorporate a host of issues relating to access, stewardship, quality, integration and health status.

Fiscal Year 2002 has been a productive and dynamic year for the Health Strategies Council and the health planning programs of the Department of Community Health. The Council remains invested in and strongly supportive of the vision and mission of the Department of Community Health, and sees itself as a valuable contributor to the progressive and positive goals of the Department.

GEORGIA'S STATE HEALTH PLAN

A major duty of the Health Strategies Council is the development and ongoing refinement of Georgia's State Health Plan. The current State Health Plan consists of thirteen (13) comprehensive component plans addressing a wide range of health care services and facilities. In most cases, these component plans serve as the basis for administrative rules and regulations governing the certificate-of-need process and integration with other department programs. The Council also uses the health planning process to promote the achievement of community wellness and access to care, as well as the broader health missions of the Department of Community Health, the Governor and the State of Georgia.

The process of developing new or revised components for the State Health Plan often involves the appointment of advisory committees with subject matter interest or technical expertise. Members of these committees are selected carefully to include providers, consumers, payers, regulators, and other interested parties. Each proposed change to the State Health Plan and any resulting rule changes must undergo a public review and comment process. The Board of Community Health and the department must also approve the components of the State Health Plan.

COMPONENTS OF THE STATE HEALTH PLAN

<u>COMPONENT PLAN</u>	<u>DATE OF ADOPTION</u>
Ambulatory Surgical Services	June 1998
Continuing Care Retirement Community	January 1998
Home Health Services	February 2001
Inpatient Rehabilitation Services	October 1994
Nursing Facilities	August 2000
Perinatal Health Services	February 1999
Personal Care Homes	August 2001
Positron Emission Tomography (PET) Services	February 2002
Psychiatric and Substance Abuse Inpatient Services	July 1990
Radiation Therapy Services	May 2001
Short-Stay General Hospital Beds	April 1983
Specialized Cardiovascular Services	May 2001
• Adult Cardiac Catheterization	
• Open Heart Surgical Services	
• Pediatric Cardiovascular Services	

FISCAL YEAR 2002 WORK AND ACCOMPLISHMENTS

In FY2002, the Health Strategies Council completed work in the following planning areas:

- Component Plan for Personal Care Home Facilities: The Council convened a Technical Advisory Committee to develop a new plan and regulatory guidelines to address the need for and operation of Personal Care Homes. Only homes with 25 beds or more are regulated through the state's certificate of need program. The new component plan was designed to respond to the state's changing demographics and increased need for long-term care and residential options. The need methodology relies on service need characteristics for different age groups, tracking similar approaches from new plans developed for nursing facilities and home health services. The Council adopted the new planning guidelines in September 2001, and the Board of Community Health adopted the administrative rules in November.
- Repeal of Component Plan for Magnetic Resonance Imaging (MRI) Equipment: As an outgrowth of the Council's work in early 2001 to develop a comprehensive plan to address the demand for and usage of radiation therapy equipment, the Council established a Technical Advisory Committee to consider the continued regulation of MRI equipment. The component plan had been developed in the early 1980s, when the technology was new, quite expensive and not readily available. The Council determined that recent advances and decreased equipment costs had made the regulatory structure cumbersome and costly for providers. In September 2001, the Council voted to repeal the service-specific plan and rules for MRI equipment. The Board concurred with a formal repeal of the rules in November. The certificate of need general review consideration guidelines would govern the acquisition of certain types of equipment in certain settings.
- Component Plan for High-End Diagnostic Equipment: Recent technological advances coupled with expanded reimbursement options have led to significant growth in the use of high-end diagnostic equipment, specifically Positron Emission Tomography (PET) units. Following efforts on the part of the Department to find a way to better manage the growth and distribution of this technology, the Council appointed a Technical Advisory Committee to determine the merits of developing a new component plan and to provide leadership if such development were warranted. Working within a short timeframe, the Technical Advisory Committee and the Council put forth a comprehensive approach to the acquisition and utilization of PET equipment, linking service availability and quality with incentives to promote continuity of care and financial accessibility. The plan and related guidelines recognize the Governor's Cancer Coalition and acknowledge the value of ensuring appropriate access for cancer patients to these specialized diagnostic services throughout the state. The Council adopted the new component plan for PET services in February 2002. The regulatory guidelines were adopted by the Board of Community Health in May.
- Planning for Short-Stay General Hospital Services: In an effort to tackle one of the most challenging areas for health planning over the past twenty years, the

Council appointed a Technical Advisory Committee (TAC) to develop a new component plan and guidelines for short-stay general hospital services. The current plan was written in 1983, and the present administrative rules are limited in scope. The TAC has focused on key principles of quality, service capacity, financial and geographic accessibility and viability, and service system development. Public meetings and discussions will continue into FY2003, with a goal to implement new consensus-based guidelines during the year.

- Update of Home Health Service Guidelines: Beginning with plans adopted since the formation of the Department of Community Health, the Council has incorporated provisions recommending periodic reviews and updates. To respond to problems with service delivery in some rural communities and to gauge progress with the planning guidelines adopted in early 2001, the Council reconvened the Home Health Services Technical Advisory Committee. The TAC clarified several key points and made limited plan changes designed to streamline regulatory activities and to promote improved consumer services. The Council adopted these recommendations in May 2002.
- Health Care Workforce Planning: The Council continues to participate in the planning and development efforts related to Health Care Workforce education and supply. The Council was instrumental in promoting the formation of the Health Care Workforce Policy Advisory Committee, the new standing policy committee charged with overseeing non-physician workforce planning. The Council has a member who serves in an ex-officio capacity on this Committee and workforce issues are a regular topic at all Council meetings. The Council has worked diligently to incorporate workforce needs and quality into all component plans and rules.
- Departmental Initiatives. The Council actively supported a number of key initiatives of the Department, offering technical assistance and policy guidance in areas such as:
 - Electronic collection and dissemination of annual surveys of health care facilities, workforce, services, and financial matters, and web-based dissemination of health plans, rules, public notices, and survey data.
 - Continued expansion and enforcement of commitments to provide indigent and charity care.
 - Development of programs and planning guidelines to support the Governor's Cancer Coalition.
 - Support for programs to assist the uninsured and efforts to develop patient safety and voluntary peer review programs.
 - Promotion of rural health, including health systems development and other population-specific health initiatives.

COMMUNITY HEALTH PARTNERSHIPS AND THE WORK AHEAD

Fiscal Year 2002 was an exciting year of progress and accomplishment for the Health Strategies Council and the planning mission of the Department of Community Health (DCH). For the first time in many years, the Council has a full compliment of members representing key stakeholders throughout the state. While a learning curve exists, the members have enthusiastically embraced the department's mission and have collectively demonstrated strong stewardship in overseeing planning for Georgia's health care infrastructure. The Council will continue to focus its efforts in health planning to better support the coordinated goals and mission of the state.

Looking ahead, the Council has another aggressive set of planning priorities for the next fiscal year. The Council has recently revamped its bylaws and organizational structure, establishing three (3) standing committees – Acute Care, Long-Term Care and Special Services. The committees are charged with conducting an annual review of their respective service areas and any related state health component plans. It is anticipated that the annual review process will result in retooling of several component plans. The review process also will ensure that the state's plans are keeping pace with clinical, financial and technological advances in each field.

The Council will focus expanded efforts through the health planning process to promote prevention and wellness measures and to decrease health disparities across communities in Georgia. The Council will continue to monitor and support the efforts of the Health Care Workforce Policy Advisory Committee and will evaluate the critical linkage between workforce supply and service efficacy. Discussions underway in the General Assembly may bring changes to aspects of Georgia's health care financing and regulatory systems. The Council stands ready to respond to positive measures that will promote improved health care access and quality for all Georgians while containing cost and minimizing duplication of effort at all levels.

The Council is proud of its new leadership and members and the accomplishments made during Fiscal Year 2002. Members look forward to continuing and expanding their important role of providing advice and support to the health planning mission of the Department of Community Health.

Published for the Health Strategies Council
by the Division of Health Planning



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